


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010075 1. Entity Name BROOKWOOD-WASHINGTON COUNTY CONVALESCENT CENTER, LLC	
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Principal Place of Business 803 N. CALHOUN STREET TALLAHASSEE, FL 32303	Mailing Address 803 N. CALHOUN STREET TALLAHASSEE, FL 32303
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02012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BROOKWOOD-WASHINGTON COUNTY CONVALESCENT C BAY POINT BOX 27790 PANAMA CITY, FL 324117790
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Kenneth P. Gummels, Authorized Representative

SIGNATURE: Kenneth P. Gummels **2/15/2005** **850-233-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #